



Billing Number: 0004769787

Policy Number: AM 9384396 00

## COMMON POLICY DECLARATIONS

## COUNTRY Mutual Insurance Company

1701 Towanda Ave., P.O. Box 2100, Bloomington Illinois 61702-2100

**Item 1. Named Insured and Mailing Address**  
 2726 WEST CORTEZ CONDOMINIUM %  
 YOUNG MELINDA  
 4839 N WINCHESTER AVE  
 CHICAGO IL 60640-4006

**Agent Name and Address**  
 BASILE MICHAEL  
 5757 N LINCOLN AVE  
 STE 27  
 CHICAGO IL 60659-0000

Agent No. 18560

Agent Phone No.: (773) 728-2957

**Item 2. Policy Period** From: 03-01-2024 To: 03-01-2025

at 12:01 A.M., Standard Time at your mailing address shown above.

**Item 3. Business Description:** CONDO APARTMENT  
**Form of Business:** CORPORATION

**Item 4.** In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

	Premium
BUSINESSOWNERS	\$ 2,939.00

## TAX OR SURCHARGE

Total Policy Premium / Total Advance Premium \$ 2,939.00

Standard Payment Plan Charges

Policy Grand Total \$ 2,939.00

Payment Plan Annual

**Item 5. Forms and Endorsements**

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

Countersigned:

Date: 02-14-24

By:

Authorized Representative

TO REPORT A CLAIM ANY TIME DAY OR NIGHT, CALL 1-866-COUNTRY.

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

AIL DS 01 03 20

Insured Copy

0000/1000 09/05/00 544200 1400%h 9E000





00036 4960049 002996 005991 0007/0100





Billing Number: 0004769787  
Policy Number: AM 9384396 00

**BUSINESSOWNERS POLICY DECLARATIONS**  
**COUNTRY Mutual Insurance Company**

Policy Period From: 03-01-2024 To: 03-01-2025 12:01 A.M. Standard Time

Named Insured: 2726 WEST CORTEZ CONDOMINIUM %  
Date: 03-01-2024

Effective

12:01 A.M., Standard Time

Representative Name: BASILE MICHAEL

Representative No.: 18560

**DESCRIBED PREMISES:** See Schedule of Locations

Coverage is applicable only if an "X" is shown in the boxes below and / or a limit of insurance is shown.

**POLICY COVERAGES:**

**Limits of Insurance**

Loc. No.	Bldg. No.	Coverage	Blanket # , if applicable	Limits of Insurance
001	001	Building		\$ 1,846,440
		Replacement Cost	Y	
		Actual Cash Value - Building Option	N	
		Automatic Increase - Building Limit	4 %	
		Business Personal Property		

**MORTGAGE HOLDER NAME AND ADDRESS:** See Schedule of Mortgagees

**DEDUCTIBLES (Apply Per Location, Per Occurrence):**

Property Ded: \$ 5,000	Optional Coverage Ded: \$ 500
Property Damage Liab Ded:	Earthquake: %

**OPTIONAL COVERAGES:**

**Limits of Insurance**

Employee Dishonesty	Per occurrence
Outdoor Signs	Per occurrence
Burglary and Robbery (Named Perils only)	Inside the Premises Outside the Premises
Money and Securities	Inside the Premises Outside the Premises
Coverage Extensions - Optional Higher Limits Accounts Receivable Valuable Papers and Records	
Additional Coverages - Optional Higher Limits Forgery and Alteration Business Income From Dependent Properties Business Income - Extended Number of Days for Ordinary Payroll Expenses Extended Business Income - Extended Number of Days	Extended No. of Days Extended No. of Days
Other (specify) - See Businessowners Optional Coverages Schedule	

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

ABP DS 02 02 21

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00031, 11/10/01, 002717, 005713, 0006/0100





Billing Number: 0004769787

Policy Number: AM 9384396 00

**BUSINESSOWNERS POLICY DECLARATIONS  
COUNTRY Mutual Insurance Company**

1701 Towanda Ave., P.O. Box 2100, Bloomington Illinois 61702-2100

Policy Period From: 03 - 01 - 2024 To: 03 - 01 - 2025 12:01 A.M. Standard TimeEffective Date: 03 - 01 - 2024  
12:01A.M. Standard Time

Insured Name and Address

2726 WEST CORTEZ CONDOMINIUM %

Agent Name BASILE MICHAEL

Agent Number: 18560

**OPTIONAL COVERAGES - OTHER**

Loc. No.	Bldg. No.	Coverage	Limit of Insurance
		DIRECTORS & OFFICERS	\$1,000,000

This document is part of your policy. Please keep it with your other documents.

ABP DS 04 06 06

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0010/4000 544500 944200 4400744 \*E000



**LIABILITY AND MEDICAL PAYMENTS**

Except For Damage To Premises Rented To You, each paid claim for the following liability coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4 of the Businessowners Liability Coverage Form or Section II-Liability in the Businessowners Coverage Form and any attached endorsements.

Limits of Insurance		
Liability and Medical Expenses / General Aggregate	\$ 1,000,000 /	\$ 2,000,000
Medical Expenses	\$ 5,000	Per person
Products / Completed Operations / Aggregate	\$ 2,000,000	
Damage To Premises Rented To You	\$ 50,000	Any one fire or explosion
Tenants Liability		
Damage To Premises Rented To You (In Excess of \$50,000)		
Self-storage Facilities		
Customer Goods Legal Liability		Per occurrence
Sale and Disposal Liability		
Motels		
Liability For Guests' Property (Subject to Base Property Deductible)		Per guest
		Per occurrence
Liability For Guests' Property in Safe Deposit Boxes		Per occurrence

**ANNUAL PREMIUM AUDITS**

Policy Subject to Premium Audit: YES    Liability Exposure Base: (Sales or Payroll)  
 Subcontracted Work: (Cost)

**FORMS AND ENDORSEMENTS**    See Schedule of Forms and Endorsements**BLANKET INSURANCE:**

Blanket #	Type of Property	Limit of Insurance

Minimum Premium:	\$400.00
Total BOP Premium / Total BOP Advance Premium	\$2,939.00

ABP DS 02 02 21

Insured Copy

00036 4136094 002799 005797 0010/0100



Melinda Young &lt;mekadunc@gmail.com&gt;

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**Thanks For Your Payment**

2 messages

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**COUNTRY Financial** <Billing.Notifications@countryfinancial.com>  
Reply-To: COUNTRY Financial <Billing.Notifications@countryfinancial.com>  
To: mekadunc@gmail.com

Fri, Mar 8, 2024 at 12:45 PM

[Log in](#)

Thanks for  
your  
payment!

Commercial  
Policy

Billing Account no:  
xxxxxxx9787

Received

**\$2,981.00**

Important Note: Do not reply to this email. It was automatically generated from a mailbox that is not monitored for responses.

If you don't want to receive this email, or if you prefer text notifications, please:

- Log in or register on [COUNTRYFinancial.com](https://COUNTRYFinancial.com),
- Contact your representative

Thank you for being a part of the COUNTRY Financial® family!

You received this email because you requested information from COUNTRY Financial. If this request is in error, please [Contact Us](#).

[COUNTRY Financial](#) | 1701 Towanda Ave.  
Bloomington IL 61701 | 866-COUNTRY (866-  
268-6879) | [Privacy Policy](#) | [Terms and Conditions](#).

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content of this message that arise as a result of  
email transmission. Thank you for your  
cooperation.

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**Melinda Young** <mekadunc@gmail.com>  
To: Melinda Young <mekadunc@gmail.com>

Fri, May 17, 2024 at 3:07 PM

Begin forwarded message:

**From:** COUNTRY Financial <[Billing.Notifications@countryfinancial.com](mailto:Billing.Notifications@countryfinancial.com)>  
**Date:** March 8, 2024 at 12:45:30 PM CST  
**To:** [mekadunc@gmail.com](mailto:mekadunc@gmail.com)  
**Subject:** Thanks For Your Payment  
**Reply-To:** COUNTRY Financial <[Billing.Notifications@countryfinancial.com](mailto:Billing.Notifications@countryfinancial.com)>

[Quoted text hidden]





P.O. Box 1800  
Saint Paul, Minnesota 55101-0800

4361 TRN S Y ST01

106481026052370 EB

2726 WEST CORTEZ CONDOMINIUM ASSOC  
4839 N WINCHESTER AVE  
CHICAGO IL 60640-4006



Account Number:  
1 993 7777 4021  
Statement Period:  
Apr 1, 2024  
through  
Apr 30, 2024

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**To Contact U.S. Bank**

**24-Hour Business**

**Solutions:** 800-673-3555

**U.S. Bank accepts Relay Calls**

**Internet:** [usbank.com](https://usbank.com)

## INFORMATION YOU SHOULD KNOW

Effective May 13, 2024, we would like to inform you of the upcoming changes to the *Business Pricing Information* and the *U.S. Bank Business Essentials® Pricing Information* documents that may impact your account. To obtain a current copy of the *Business Pricing Information* and *U.S. Bank Business Essentials® Pricing Information* disclosures, visit your local branch.

### Primary updates in your revised *Business Pricing Information* disclosure

- Effective January 2024, the following fees are no longer being charged. The references to these fees were removed or changed to "no charge" throughout the document:
  - Mini and Full Statement Fee at a U.S. Bank ATM
  - Safe Deposit Box Paper Invoice
  - Tracer Fee
  - Foreign Draft Purchases
- Checks on Select Countries/Banks (non-collection) name is changed to Foreign Currency Check Deposit - Select Countries
- Domestic Internal Wire Transfer Fee clarification is being added for the following:
  - Internal Wire - outgoing - \$11.00
- The footnote for Business Overdraft Protection was updated to refer to the *Your Deposit Account Agreement* document in the section titled "Overdraft Protection Plans," under "Business Banking Overdraft Protection" for additional information.

Beginning May 13, 2024, a copy of the *Business Pricing Information* and the *U.S. Bank Business Essentials® Pricing Information* documents will be available by calling 800-673-3555 or by visiting your local branch.

If you have any questions, you can call us at 800-673-3555. Our business bankers are here to help 8 a.m. to 8 p.m. CT Monday through Friday and 8 a.m. to 6:30 p.m. CT on Saturday. We accept relay calls. Our bankers are also available to help at your local branch via appointment.

Effective May 13, 2024, please review updates made to the *Your Deposit Account Agreement* document which may affect your rights.

Beginning April 8, 2024, you can review the full revised document at [usbank.com/YDAA-upcoming-version](https://usbank.com/YDAA-upcoming-version), by calling 24-Hour Banking at 800-USBANKS (872-2657) or by visiting your local U.S. Bank branch. We accept relay calls.

### Here's what you should know:

- Under the **Overdraft Protection Plans** section, **Business Banking Overdraft Protection** sub-section, updated the language to state that when a checking account has a linked Business Reserve Line of Credit, the system will automatically draw from that account first, which may incur a fee. If a checking account has a deposit product and credit product linked as overdraft protection, the order of eligible accounts is updated to always draw from the deposit product first, which will not incur a fee, unless the checking account has a linked Business Reserve Line of Credit. If the deposit product has insufficient funds available to transfer, funds will draw from the credit product.
- Under the **Closing Your Account** section, added a paragraph for **How the account closure works** that says, for consumer checking, savings and money market accounts, when you request an account closure, your account will be placed in a 'pending closure' status for a period of 10 business days. During this 10 business day 'pending closure' period, we will allow pending deposits to be cleared and/or post to your account and we will allow pending debit card



**BALANCE YOUR ACCOUNT**  
To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

#### Outstanding Deposits

DATE	AMOUNT
TOTAL	\$

#### Outstanding Withdrawals

DATE	AMOUNT
TOTAL	\$

- List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
- Check off in your checkbook register all checks, withdrawals (including Debit Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
- Enter the ending balance shown on this statement. \$ \_\_\_\_\_
- Enter the total deposits recorded in the Outstanding Deposits section. \$ \_\_\_\_\_
- Total lines 3 and 4. \$ \_\_\_\_\_
- Enter the total withdrawals recorded in the Outstanding Withdrawals section. \$ \_\_\_\_\_
- Subtract line 6 from line 5. This is your balance. \$ \_\_\_\_\_
- Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
- Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
- The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

#### IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

##### In Case of Errors or Questions About Your Checking, Savings, ATM, Debit Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days\* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank, EP-MN-WS5D, 60 Livingston Ave., St. Paul, MN 55107.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

\*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

#### IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

#### CONSUMER BILLING RIGHTS SUMMARY REGARDING YOUR RESERVE LINE

##### What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at:

U.S. Bank, P.O. Box 3528, Oshkosh, WI 54903-3528.

In your letter, give us the following information:

- Account information:** Your name and account number.
- Dollar Amount:** The dollar amount of the suspected error.
- Description of problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

**Reserve Line Balance Computation Method:** To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the Balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate**. Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The \*\*\*INTEREST CHARGE\*\*\* begins from the date of each advance.

#### REPORTS TO AND FROM CREDIT BUREAUS FOR RESERVE LINES

We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

#### CONSUMER REPORT DISPUTES

We may report information about account activity on consumer and small business deposit accounts and consumer reserve lines to Consumer Reporting Agencies (CRA). As a result, this may prevent you from obtaining services at other financial institutions. If you believe we have inaccurately reported information to a CRA, you may submit a dispute by calling 844.624.8230 or by writing to: U.S. Bank Attn: Consumer Bureau Dispute Handling (CBDH), P.O. Box 3447, Oshkosh, WI 54903-3447. In order for us to assist you with your dispute, you must provide: your name, address and phone number; the account number; the specific information you are disputing; the explanation of why it is incorrect; and any supporting documentation (e.g., affidavit of identity theft), if applicable.





2726 WEST CORTEZ CONDOMINIUM ASSOC  
4839 N WINCHESTER AVE  
CHICAGO IL 60640-4006

## Business Statement

Account Number:

1 993 7777 4021

Statement Period:

Apr 1, 2024

through

Apr 30, 2024

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## INFORMATION YOU SHOULD KNOW

(CONTINUED)

transactions that you authorized prior to initiating closure to be cleared and/or post to your account. Your debit card will be declined and transactions will no longer be approved when the account is in 'pending closure' status. Once your account is fully closed, transactions will not be allowed to post to the account except under limited circumstances. For example, transactions may be processed after closure if necessary for fraud investigations, transaction dispute claims, merchant credits, or deposit adjustments due to errors.

If you have questions, please call us at 800-673-3555. Our business bankers are here to help 8 a.m. to 8 p.m. CT Monday through Friday and 8 a.m. to 6:30 p.m. CT on Saturday. You can also schedule an appointment at [usbank.com/book](https://usbank.com/book) to speak with a banker in person, by phone or virtually.

## SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-993-7777-4021

### Account Summary

	# Items		
Beginning Balance on Apr 1		\$	30,924.18
Other Deposits	4		639.49
Other Withdrawals	3		525.48-
Checks Paid	1		7,520.00-
<b>Ending Balance on Apr 30, 2024</b>		<b>\$</b>	<b>23,518.19</b>

### Other Deposits

Date	Description of Transaction	Ref Number	Amount
Apr 2	Electronic Deposit REF=240920226184800N00	From KRISTIN KEEN T941687665SENDER	\$ 182.00
Apr 11	Electronic Deposit REF=241010176868730N00	From Bluevine 2330165191Bluevine	87.49
Apr 12	Electronic Deposit REF=241020115874520N00	From VENMO 5264681992CASHOUT 1033710468698	160.00
Apr 30	Electronic Deposit REF=241200209024660N00	From VENMO 5264681992CASHOUT 1034078191647	210.00
<b>Total Other Deposits</b>			<b>\$ 639.49</b>

### Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Apr 3	Electronic Withdrawal REF=240930106048130N00	To ComEd 2360938600PAYMENTS 0160034000	\$ 23.78-
Apr 12	Analysis Service Charge	1200000000	16.00-
Apr 25	Electronic Withdrawal REF=241150088176020N00	To CITY OF CHICAGO 1366005820WATER BILL844956-620029	485.70-
<b>Total Other Withdrawals</b>			<b>\$ 525.48-</b>

### Checks Presented Conventionally

Check	Date	Ref Number	Amount
1091	Apr 3	8611396525	7,520.00

**Conventional Checks Paid (1)** **\$ 7,520.00-**

### Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Apr 2	31,106.18	Apr 11	23,649.89	Apr 25	23,308.19
Apr 3	23,562.40	Apr 12	23,793.89	Apr 30	23,518.19

Balances only appear for days reflecting change.

## ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: March 2024

Account Number:	1-993-7777-4021	\$	16.00
Analysis Service Charge assessed to	1-993-7777-4021	\$	16.00



2726 WEST CORTEZ CONDOMINIUM ASSOC  
4839 N WINCHESTER AVE  
CHICAGO IL 60640-4006

**Business Statement**

Account Number:

1 993 7777 4021

Statement Period:

Apr 1, 2024

through

Apr 30, 2024

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**ANALYSIS SERVICE CHARGE DETAIL**

**(CONTINUED)**

<sup>1</sup> Financial institutions are required by the State of Iowa to charge sales taxes on certain service charges related to checking accounts. Any assessed tax has been itemized on your statement.

**Service Activity Detail for Account Number 1-993-7777-4021**

<i>Service</i>	<i>Volume</i>	<i>Avg Unit Price</i>	<i>Total Charge</i>
<b>Depository Services</b>			
Combined Transactions/Items	15		No Charge
Returned Deposited Items	1	16.00000	16.00
Subtotal: Depository Services			16.00
Fee Based Service Charges for Account Number 1-993-7777-4021			\$ 16.00